PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number 09/893452

Ellective October 1, 2001								!				
CLAIMS AS FILED - PART I							SM	ALL E	ENTITY	,	OTHE	R THAN
7071			(Colun	(Column 1)		(Column 2)		E (OF	SMAL	ENTITY
	OTAL CLAIM	di	al				ATE	FEE		RATE	FEE	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		SIC FE	E 370.00	OF	BASIC FE	E 740.00
TOTAL CHARGEABLE CLAIMS			dy- 1	Ø y . minus 20= 1		*. 4		\$ 9=		OF	X\$18=	
iΝ	DEPENDENT	CLAIMS	14-1	4=-minus 3 = *				42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								40=	1	OR		
* If the difference in column 1 is less than zero, enter "0" in column						column 2	L_T	TAL	 	OR	<u></u>	├ ─ →
CLAIMS AS AMENDED - PART II										I		RTHAN
	(Column 1) (Column 2) (Column 3)						SI	IALL	ENTITY	OR		ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
200	Total	*	Minus	##		=	×	9=		OR	X\$18=	1
A	Independent]*	Minus	***	· 	=	X	12=		OR	X84≈	
	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM	بالطب	+1	40=		OR	+280=	
							l	OTAL.			TOTAL	
							ADDI	. FEE	L	Jon.	ADDIT. FEE	L
_		(Column 1)		(Colum I Highe		(Column 8)	·		ADDI	1 1		4661
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	JSLY	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		E.	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***	31 A14 6	=	X4	2=		OR	X84=	
	PHST PHESE	ENTATION OF M	JUIPLE DE	PENDENT	LAIM		+14	0≈		OR	+280=	
								OTAL		OR	TOTAL	
(Column 2) (Column 3)												
Z.		CLAIMS REMAINING AFTER AMENOMENT		HIGHE: NUMBE PREVIOU PAID FO	st :r :sly	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X4:	_		ŀ	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR		
* #	the entry in only	no 1 is loss than th	a patry in activ	mn 2 write 10	" in solu	ma S	+14		*	OR	+280=	
** H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							TAL FEE		OR A	TOTAL DDIT. FEE	
1	me "Highest Num he "Highest Num	nber Previously Pa ber Previously Paid	ia For" IN THI: I For" (Total or	s SPACE is le independent	es then Is the I	o, enter 3." lighest number			opriate box	in colu	mn t. 🕝	·